

California WIC Program
Nutrition Education and Training Section
Application
Advanced Learning Design Workshops

Name _____

Agency _____

Position _____

Address _____

Phone number _____

E-mail address _____

What session would you like to attend (date & location)?

Please explain why you would like to attend an *Advanced Learning Design*. Specifically, how would you use the principles and techniques of adult learning to improve what you do at WIC?

A prerequisite for this workshop is completion of the *Learning to Listen, Learning to Teach* workshop. Please indicate which *Learning to Listen, Learning to Teach* session you attend. Include the dates and location.

NOTE: Due to the limited number of spaces for this workshop, we may have more applicants than spaces. If so, we will use the information on this application to help select attendees.

Please return to:

**Kim Frinzell
3901 Lennane Dr.
Sacramento, CA 95834
Fax: 916 928-0518**